

**NPM 03:** *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective				58.1	59.1
Annual Indicator			57.1	57.1	57.1
Numerator			98,758	98,758	98,758
Denominator			173,017	173,017	173,017
Is Data Provisional or Final				Final	Final
	2005	2006	2007	2008	2009
Annual Performance Objective	60.1	61.1	62.1	63.1	64.1

#### Notes - 2002

Source: SLAITS CSHCN Survey. Numerator: Weighted Wisconsin-specific data.

Denominator: Weighted Wisconsin-specific data. Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the child receives coordinated, ongoing, comprehensive care within a medical home was 707. Because of the small sample size, Wisconsin will be examining other sources of information for future years to supplement the national data.

#### Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

#### Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

#### a. Last Year's Accomplishments

##### 1. Medical Home Learning Collaborative--Infrastructure Building Services--CSHCN

A Wisconsin Medical Home Learning Collaborative was held with nine primary care practice teams participating. Each of the practice teams consisted of a physician, a parent partner and a nurse or office staff person involved with care coordination. Each practice team met individually throughout the year and received facilitation from a CSHCN Regional Center staff person. All of the practice teams and facilitators attended three Learning Sessions, held in May, September and December of 2004. These sessions focused on identification of CSHCN within their individual practice, care coordination/care plan development for CSHCN, involving parents and family members, transitioning of youth to adult care, financing care coordination services, and community resources/support services for families. Each learning session utilized the rapid cycle improvement methodology to promote quality improvement initiatives within the practices. Monthly conference calls were conducted with the practice facilitator. Additionally, all of the participants received a wide array of materials and resources during the Learning Collaborative Sessions. All of the documents have been compiled to be utilized in the development of a Wisconsin specific version of a Medical Home Toolkit. Medical Home Indexes collected pre/post participation in the Collaborative demonstrated improvements in all domains.

## 2. Medical Home Policy Oversight--Infrastructure Building Services--CSHCN

The MCH Advisory Committee was updated at each meeting throughout 2004 regarding Medical Home initiatives and provided recommendations regarding future activities. The CSHCN Program partnered with the Medical College of Wisconsin, Children's Hospital of Wisconsin and the WIAAP in submitting an application for a Blue Cross Blue Shield planning grant. Additionally, the CSHCN Program continued to work with ABC for Health and Medicaid partners to develop policies that result in increased reimbursement for services provided by primary care physicians.

## 3. Medical Home Outreach--Population-Based Services--CSHCN

Information about the Medical and Dental Home was distributed through the MCH/CSHCN Update, the WIAAP newsletter, the Wisconsin Medical Journal, along with presentations at a variety of conferences.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Learning Collaborative				X
2. Medical Home Policy Oversight				X
3. Medical Home Outreach			X	

### **b. Current Activities**

## 1. Medical Home Education and Training--Enabling Services--CSHCN

All of the practice teams from 2004 agreed to continue to be part of the Wisconsin Medical Home Initiative involving regular meetings with their facilitator and attendance at one Medical Home Learning Summit. This Summit was held May 5th & 6th and focused on cultural competence, communication issues related to primary and specialty care, and spreading the concept to other physicians and administrators. Four teleconferences are occurring in 2005 to continue to share updates of practice activities and provide knowledge on the topics of utilizing statewide CSHCN data, developmental screening and health literacy and linguistic competence. The National Medical Home Autism Initiative at the Waisman Center has partnered with the Wisconsin Medical Home Initiative on several education and training sessions.

## 2. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities are continuing throughout 2005. A particular focus has been on educating families on this concept. A keynote presentation at Circles of Life by a parent on Medical Home was well received by over 500 family members in April. A training being offered to parents across the State in 2005 by Regional CSHCN Centers and Family Voices includes the concepts of Medical Home. The Wisconsin Medical Home Learning Collaborative experience is also being shared with other Title V states.

## 3. Medical Home and Community Supports--Infrastructure Building Services--CSHCN

Each of the Regional CSHCN Centers are meeting with 2-5 additional practices within their region to provide information about community resources and offer technical assistance with referrals and information for families of CSHCN. The Southern Regional CSHCN Center with the CSHCN Program will pilot a model follow up process to connect children identified by the Wisconsin Birth Defects Registry and their families and primary care providers to community resources and to promote the concepts of Medical Home. The CSHCN Program staff is also part of the Regional Genetics Initiative - Medical Home Committee. This committee's work will

focus on promoting elements of Medical Home and developing necessary supports to assist primary care providers as it relates to the newborn screening program.

**c. Plan for the Coming Year**

**1. Medical Home Education and Training--Enabling Services--CSHCN**

The CSHCN Program will offer a Medical Home Learning Summit in 2006 as well as continue to provide educational opportunities to family members and youth about the concept of medical home.

**2. Medical Home and Community Supports--Infrastructure Building Services--CSHCN**

The Regional CSHCN Centers will continue to develop relationships with individual providers in their region to assist with community connections, information and referrals. As part of the newly funded Wisconsin Integrated Systems for Communities Initiative (WISC-I) grant, the CSHCN Program will partner with the 2 major pediatric tertiary centers in the state (Children's Hospital of Wisconsin and the University of Wisconsin - Children's Hospital) and their clinics to plan a Medical Home Learning Collaborative that will focus on the relationships of tertiary/primary care, in particular as they relate to the transition from pediatric to adult health care services. Under the WISC-I grant, the National Medical Home Autism Initiative will continue to be a partner with the Wisconsin Medical Home Initiative.

**3. Medical Home Outreach--Population-Based Services--CSHCN**

Outreach to different statewide publications and opportunities will continue in 2006. Dissemination of a Wisconsin specific toolkit will occur throughout the year. The concepts of Medical Home will continue to be integrated in the Wisconsin Sound Beginnings (Early Hearing Detection and Intervention) and Congenital Disorders (blood spot newborn screening) Program activities.